

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047421

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 150

FILED JAN 2 1964

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
Excelsior Springs

Length of stay in 1b
7 Weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Excelsior Springs Hospt.

Inside Limits
Yes ☒ No ☐

a. STATE

Missouri

b. COUNTY

Ray

admission)

c. CITY
OR
TOWN

Lawson

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)
R D 2 4miles E. Lawson

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First
Harry

Middle
Reyburn

Last

4. DATE
OF
DEATH

Month
Dec.

Day
25

Year
1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/15/1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Richmond, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Reyburn

13b. MOTHER'S MAIDEN NAME

Margaurite Meadows

14. NAME OF HUSBAND OR WIFE

Mary Alice Chatham, Lawson, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary sclerosis with myocardial infarct

INTERVAL BETWEEN
ONSET AND DEATH

2.4 hours

DUE TO (b)

Generalized arteriosclerosis

years

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic urinary tract infection with urinary retention

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at 12:50 p.m.

November 9/63 to Dec 25/63

and last saw him alive on Dec 25-1963

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree title)
Charles Fulton M.D.

22b. ADDRESS

116 South - Excelsior Springs, Mo.

22c. DATE SIGNED

12-27-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/27/1963

23c. NAME OF CEMETERY OR CREMATORY

Lawson Cemetery

23d. LOCATION (City, town, or county)

Lawson

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Jarman Funeral Home, Lawson, Mo.

25. DATE RECD. BY LOCAL REG.

12-25-63

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

16001

20890

3

4 0

5 2

6

7 0

8 2

9 12/201

10

11

12 2-0

13 1-0

Renewal Permit issued 12-27-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lincoln Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.